

SECOND REGULAR SESSION

[P E R F E C T E D]

SENATE SUBSTITUTE FOR

SENATE BILL NO. 621

98TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR ROMINE.

Offered February 11, 2016.

Senate Substitute adopted February 11, 2016.

Taken up for Perfection February 11, 2016. Bill declared Perfected and Ordered Printed, as amended.

ADRIANE D. CROUSE, Secretary.

4556S.06P

AN ACT

To repeal sections 208.670, 334.108, 335.175, and 376.1900, RSMo, and to enact in lieu thereof eleven new sections relating to telehealth, with an emergency clause for a certain section.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Sections 208.670, 334.108, 335.175, and 376.1900, RSMo, are repealed and eleven new sections enacted in lieu thereof, to be known as sections 191.1145, 191.1146, 208.670, 208.671, 208.673, 208.675, 208.677, 208.686, 334.108, 335.175, and 376.1900, to read as follows:

191.1145. 1. As used in sections 191.1145 and 191.1146, the following terms shall mean:

(1) "Asynchronous store and forward transfer", the collection of a patient's relevant health information and the subsequent transmission of that information from an originating site to a health care provider at a distant site without the patient being present;

(2) "Clinical staff", any health care provider licensed in this state;

(3) "Distant site", a site at which a health care provider is located while providing health care services by means of telemedicine;

(4) "Health care provider", as that term is defined in section 376.1350;

(5) "Originating site", a site at which a patient is located at the

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

13 time health care services are provided to him or her by means of
14 telemedicine. For the purposes of asynchronous store and forward
15 transfer, originating site shall also mean the location at which the
16 health care provider transfers information to the distant site; and

17 (6) "Telehealth" or "telemedicine", the delivery of health care
18 services by means of information and communication technologies
19 which facilitate the assessment, diagnosis, consultation, treatment,
20 education, care management, and self-management of a patient's health
21 care while such patient is at the originating site and the health care
22 provider is at the distant site. Telehealth or telemedicine shall also
23 include the use of asynchronous store-and-forward technology.

24 2. Any licensed health care provider shall be authorized to
25 provide telehealth services if such services are within the scope of
26 practice for which the health care provider is licensed and are
27 provided with the same standard of care as services provided in
28 person.

29 3. Health care providers treating patients in this state through
30 the use of telemedicine or telehealth must be fully licensed to practice
31 in this state and shall be subject to regulation by their respective
32 professional boards.

33 4. Nothing in subsection 3 of this section shall apply to:

34 (1) Informal consultation performed by a health care provider
35 licensed in another state, outside of the context of a contractual
36 relationship, and on an irregular or infrequent basis without the
37 expectation or exchange of direct or indirect compensation;

38 (2) Furnishing of health care services by a health care provider
39 licensed and located in another state in case of an emergency or
40 disaster, provided that no charge is made for the medical assistance; or

41 (3) Episodic consultation by a health care provider licensed and
42 located in another state who provides such consultation services on
43 request to a physician in this state.

44 5. Nothing in this section shall be construed to alter the scope of
45 practice of any health care provider or to authorize the delivery of
46 health care services in a setting or in a manner not otherwise
47 authorized by the laws of this state.

48 6. No originating site for services or activities provided under
49 this section shall be required to maintain immediate availability of on-

50 site clinical staff during the telehealth services, except as necessary to
51 meet the standard of care for the treatment of the patient's medical
52 condition if such condition is being treated by an eligible health care
53 provider who is not at the originating site, has not previously seen the
54 patient in person in a clinical setting, and is not providing coverage for
55 a health care provider who has an established relationship with the
56 patient.

57 7. Nothing in this section shall be construed to alter any
58 collaborative practice requirement as provided in chapters 334 and 335.

191.1146. 1. Physicians licensed under chapter 334 who use
2 telemedicine shall ensure that a properly established physician-patient
3 relationship exists with the person who receives the telemedicine
4 services. The physician-patient relationship may be established by:

5 (1) An in-person encounter through a medical interview and
6 physical examination;

7 (2) Consultation with another physician, or that physician's
8 delegate, who has an established relationship with the patient and an
9 agreement with the physician to participate in the patient's care; or

10 (3) A telemedicine encounter, if the standard of care does not
11 require an in-person encounter, and in accordance with evidence-based
12 standards of practice and telemedicine practice guidelines that address
13 the clinical and technological aspects of telemedicine.

14 2. In order to establish a physician-patient relationship through
15 telemedicine:

16 (1) The technology utilized shall be sufficient to establish an
17 informed diagnosis as though the medical interview and physical
18 examination has been performed in person; and

19 (2) Prior to providing treatment, including issuing prescriptions,
20 a physician who uses telemedicine shall interview the patient, collect
21 or review relevant medical history, and perform an examination
22 sufficient for the diagnosis and treatment of the patient. A
23 questionnaire completed by the patient, whether through the internet
24 or telephone, does not constitute an acceptable medical interview and
25 examination for the provision of treatment by telehealth.

208.670. 1. As used in this section, these terms shall have the following
2 meaning:

3 (1) "Provider", any provider of medical services and mental health

4 services, including all other medical disciplines;

5 (2) "Telehealth", [the use of medical information exchanged from one site
6 to another via electronic communications to improve the health status of a
7 patient] **the delivery of health care services by means of information and
8 communication technologies which facilitate the assessment, diagnosis,
9 consultation, treatment, education, care management, and self-
10 management of a patient's health care while such patient is at the
11 originating site and the health care provider is at the distant
12 site. Telehealth or telemedicine shall also include the use of
13 asynchronous store-and-forward technology for orthopedics,
14 dermatology, ophthalmology and optometry, in cases of diabetic
15 retinopathy, burn and wound care, dental services which require a
16 diagnosis, and maternal-fetal medicine ultrasounds.**

17 2. The department of social services, in consultation with the departments
18 of mental health and health and senior services, shall promulgate rules governing
19 the practice of telehealth in the MO HealthNet program. Such rules shall
20 address, but not be limited to, appropriate standards for the use of telehealth,
21 certification of agencies offering telehealth, and payment for services by
22 providers. Telehealth providers shall be required to obtain patient consent before
23 telehealth services are initiated and to ensure confidentiality of medical
24 information.

25 3. Telehealth may be utilized to service individuals who are qualified as
26 MO HealthNet participants under Missouri law. Reimbursement for such
27 services shall be made in the same way as reimbursement for in-person contacts.

28 4. **The provisions of section 208.671 shall apply to the use of
29 asynchronous store-and-forward technology in the practice of
30 telehealth in the MO HealthNet program.**

**208.671. 1. As used in this section and section 208.673, the
2 following terms shall mean:**

3 (1) "Asynchronous store-and-forward", **the transfer of a patient's
4 clinically important digital samples, such as still images, videos, audio,
5 and text files, and relevant data from an originating site through the
6 use of a camera or similar recording device that stores digital samples
7 that are forwarded via telecommunication to a distant site for
8 consultation by a consulting provider without requiring the
9 simultaneous presence of the patient and the patient's treating**

10 **provider;**

11 (2) "Asynchronous store-and-forward technology", cameras or
12 **other recording devices that store images which may be forwarded via**
13 **telecommunication devices at a later time;**

14 (3) "Consultation", a type of evaluation and management service
15 **as defined by the most recent edition of the Current Procedural**
16 **Terminology published annually by the American Medical Association;**

17 (4) "Consulting provider", a provider who, upon referral by the
18 **treating provider, evaluates a patient and appropriate medical data or**
19 **images delivered through asynchronous store-and-forward technology.**
20 **If a consulting provider is unable to render an opinion due to**
21 **insufficient information, the consulting provider may request**
22 **additional information to facilitate the rendering of an opinion or**
23 **decline to render an opinion;**

24 (5) "Distant site", the site where a consulting provider is located
25 **at the time the consultation service is provided;**

26 (6) "Originating site", the site where a MO HealthNet participant
27 **receiving services and such participant's treating provider are both**
28 **physically located;**

29 (7) "Provider", any provider of medical, mental health,
30 **optometric, or dental health services, including all other medical**
31 **disciplines, licensed in this state who has the authority to refer**
32 **patients for medical, mental health, optometric, or dental health**
33 **services within the scope of practice and licensure of the provider;**

34 (8) "Telehealth", as that term is defined in section 191.1145;

35 (9) "Treating provider", a provider who:

36 (a) **Evaluates a patient;**

37 (b) **Determines the need for a consultation;**

38 (c) **Arranges the services of a consulting provider for the**
39 **purpose of diagnosis and treatment; and**

40 (d) **Provides or supplements the patient's history and provides**
41 **pertinent physical examination findings and medical information to the**
42 **consulting provider.**

43 2. The department of social services, in consultation with the
44 **departments of mental health and health and senior services, shall**
45 **promulgate rules governing the use of asynchronous store-and-forward**
46 **technology in the practice of telehealth in the MO HealthNet**

47 **program. Such rules shall include, but not be limited to:**

48 **(1) Appropriate standards for the use of asynchronous store-and-**
49 **forward technology in the practice of telehealth;**

50 **(2) Certification of agencies offering asynchronous store-and-**
51 **forward technology in the practice of telehealth;**

52 **(3) Timelines for completion and communication of a consulting**
53 **provider's consultation or opinion, or if the consulting provider is**
54 **unable to render an opinion, timelines for communicating a request for**
55 **additional information or that the consulting provider declines to**
56 **render an opinion;**

57 **(4) Length of time digital files of such asynchronous store-and-**
58 **forward services are to be maintained;**

59 **(5) Security and privacy of such digital files;**

60 **(6) Patient consent for asynchronous store-and-forward services;**
61 **and**

62 **(7) Payment for services by providers; except that, consulting**
63 **providers who decline to render an opinion shall not receive payment**
64 **under this section unless and until an opinion is rendered.**

65 **Telehealth providers using asynchronous store-and-forward technology**
66 **shall be required to obtain patient consent before asynchronous store-**
67 **and-forward services are initiated and to ensure confidentiality of**
68 **medical information.**

69 **3. Asynchronous store-and-forward technology in the practice of**
70 **telehealth may be utilized to service individuals who are qualified as**
71 **MO HealthNet participants under Missouri law. The total payment for**
72 **both the treating provider and the consulting provider shall not exceed**
73 **the payment for a face-to-face consultation of the same level.**

74 **4. The standard of care for the use of asynchronous store-and-**
75 **forward technology in the practice of telehealth shall be the same as**
76 **the standard of care for services provided in person.**

208.673. 1. There is hereby established the "Telehealth Services
2 **Advisory Committee" to advise the department of social services and**
3 **propose rules regarding the coverage of telehealth services in the MO**
4 **HealthNet program utilizing asynchronous store-and-forward**
5 **technology.**

6 **2. The committee shall be comprised of the following members:**

7 **(1) The director of the MO HealthNet division, or the director's**

8 designee;

9 (2) The medical director of the MO HealthNet division;

10 (3) A representative from a Missouri institution of higher
11 education with expertise in telehealth medicine;

12 (4) A representative from the Missouri office of primary care and
13 rural health;

14 (5) Two board-certified specialists licensed to practice medicine
15 in this state;

16 (6) A representative from a hospital located in this state that
17 utilizes telehealth medicine;

18 (7) A primary care physician from a federally qualified health
19 center (FQHC) or rural health clinic;

20 (8) A primary care physician from a rural setting other than
21 from an FQHC or rural health clinic; and

22 (9) A psychologist or a physician who specializes in psychiatry
23 licensed to practice in this state.

24 3. Members of the committee listed in subdivisions (3) to (9) of
25 subsection 2 of this section shall be appointed by the governor, with the
26 advice and consent of the senate. The first appointments to the
27 committee shall consist of three members to serve three-year terms,
28 three members to serve two-year terms, and two members to serve a
29 one-year term as designated by the governor. Each member of the
30 committee shall serve for a term of three years thereafter.

31 4. Members of the committee shall not receive any compensation
32 for their services but shall be reimbursed for any actual and necessary
33 expenses incurred in the performance of their duties.

34 5. Any member appointed by the governor may be removed from
35 office by the governor without cause. If there is a vacancy for any
36 cause, the governor shall make an appointment to become effective
37 immediately for the unexpired term.

38 6. Any rule or portion of a rule, as that term is defined in section
39 536.010, that is created under the authority delegated in this section
40 shall become effective only if it complies with and is subject to all of
41 the provisions of chapter 536 and, if applicable, section 536.028. This
42 section and chapter 536 are nonseverable, and if any of the powers
43 vested with the general assembly pursuant to chapter 536 to review, to
44 delay the effective date, or to disapprove and annul a rule are

45 subsequently held unconstitutional, then the grant of rulemaking
46 authority and any rule proposed or adopted after August 28, 2016, shall
47 be invalid and void.

208.675. For purposes of the provision of telehealth services in
2 the MO HealthNet program, the following individuals, licensed in
3 Missouri, shall be considered eligible health care providers:

- 4 (1) Physicians, assistant physicians, and physician assistants;
- 5 (2) Advanced practice registered nurses;
- 6 (3) Dentists, oral surgeons, and dental hygienists under the
7 supervision of a currently registered and licensed dentist;
- 8 (4) Psychologists and provisional licensees;
- 9 (5) Pharmacists;
- 10 (6) Speech, occupational, or physical therapists;
- 11 (7) Clinical social workers;
- 12 (8) Podiatrists;
- 13 (9) Optometrists;
- 14 (10) Licensed professional counselors; and
- 15 (11) Eligible health care providers under subdivisions (1) to (10)
16 of this section practicing in a rural health clinic or federally qualified
17 health center or community mental health center.

208.677. 1. For purposes of the provision of telehealth services
2 in the MO HealthNet program, the term "originating site" shall mean a
3 telehealth site where the MO HealthNet participant receiving the
4 telehealth service is located for the encounter. The standard of care in
5 the practice of telehealth shall be the same as the standard of care for
6 services provided in person. An originating site shall be one of the
7 following locations:

- 8 (1) Office of a physician or health care provider;
- 9 (2) Hospital;
- 10 (3) Critical access hospital;
- 11 (4) Rural health clinic;
- 12 (5) Federally qualified health center;
- 13 (6) Long-term care facility licensed under chapter 198;
- 14 (7) Dialysis center;
- 15 (8) Missouri state habilitation center or regional office;
- 16 (9) Community mental health center;
- 17 (10) Missouri state mental health facility;

- 18 **(11) Missouri state facility;**
19 **(12) Missouri residential treatment facility licensed by and under**
20 **contract with the children's division (CD) that has a contract with the**
21 **CD. Facilities shall have multiple campuses and have the ability to**
22 **adhere to technology requirements. Only Missouri licensed**
23 **psychiatrists, licensed psychologists, or provisionally licensed**
24 **psychologists, and advanced practice registered nurses who are**
25 **enrolled MO HealthNet providers shall be consulting providers at these**
26 **locations;**
27 **(13) Comprehensive substance treatment and rehabilitation**
28 **(CSTAR) program;**
29 **(14) School;**
30 **(15) The MO HealthNet recipient's home;**
31 **(16) Clinical designated area in a pharmacy; or**
32 **(17) Child assessment centers as described in section 210.001.**

33 **2. If the originating site is a school, the school shall obtain**
34 **permission from the parent or guardian of any student receiving**
35 **telehealth services prior to each provision of service.**

208.686. 1. Subject to appropriations, the department shall
2 **establish a statewide program that permits reimbursement under the**
3 **MO HealthNet program for home telemonitoring services. For the**
4 **purposes of this section, "home telemonitoring service" shall mean a**
5 **health care service that requires scheduled remote monitoring of data**
6 **related to a patient's health and transmission of the data to a**
7 **Utilization Review Accreditation Commission (URAC) accredited health**
8 **call center.**

9 **2. The program shall:**

- 10 **(1) Provide that home telemonitoring services are available only**
11 **to persons who:**
12 **(a) Are diagnosed with one or more of the following conditions:**
13 **a. Pregnancy;**
14 **b. Diabetes;**
15 **c. Heart disease;**
16 **d. Cancer;**
17 **e. Chronic obstructive pulmonary disease;**
18 **f. Hypertension;**
19 **g. Congestive heart failure;**

- 20 **h. Mental illness or serious emotional disturbance;**
21 **i. Asthma;**
22 **j. Myocardial infarction; or**
23 **k. Stroke; and**
- 24 **(b) Exhibit two or more of the following risk factors:**
25 **a. Two or more hospitalizations in the prior twelve-month**
26 **period;**
27 **b. Frequent or recurrent emergency department admissions;**
28 **c. A documented history of poor adherence to ordered**
29 **medication regimens;**
30 **d. A documented history of falls in the prior six-month period;**
31 **e. Limited or absent informal support systems;**
32 **f. Living alone or being home alone for extended periods of time;**
33 **g. A documented history of care access challenges; or**
34 **h. A documented history of consistently missed appointments**
35 **with health care providers;**
- 36 **(2) Ensure that clinical information gathered by a home health**
37 **agency or hospital while providing home telemonitoring services is**
38 **shared with the patient's physician; and**
- 39 **(3) Ensure that the program does not duplicate any disease**
40 **management program services provided by MO HealthNet.**
- 41 **3. If, after implementation, the department determines that the**
42 **program established under this section is not cost effective, the**
43 **department may discontinue the program and stop providing**
44 **reimbursement under the MO HealthNet program for home**
45 **telemonitoring services.**
- 46 **4. The department shall determine whether the provision of**
47 **home telemonitoring services to persons who are eligible to receive**
48 **benefits under both the MO HealthNet and Medicare programs achieves**
49 **cost savings for the Medicare program.**
- 50 **5. If, before implementing any provision of this section, the**
51 **department determines that a waiver or authorization from a federal**
52 **agency is necessary for implementation of that provision, the**
53 **department shall request the waiver or authorization and may delay**
54 **implementing that provision until the waiver or authorization is**
55 **granted.**
- 56 **6. The department shall promulgate rules and regulations to**

57 **implement the provisions of this section. Any rule or portion of a rule,**
58 **as that term is defined in section 536.010, that is created under the**
59 **authority delegated in this section shall become effective only if it**
60 **complies with and is subject to all of the provisions of chapter 536 and,**
61 **if applicable, section 536.028. This section and chapter 536 are**
62 **nonseverable, and if any of the powers vested with the general**
63 **assembly pursuant to chapter 536 to review, to delay the effective date,**
64 **or to disapprove and annul a rule are subsequently held**
65 **unconstitutional, then the grant of rulemaking authority and any rule**
66 **proposed or adopted after August 28, 2016, shall be invalid and void.**

334.108. 1. Prior to prescribing any drug, controlled substance, or other
2 treatment through **telemedicine, as defined in section 191.1145, or the**
3 internet, a physician shall establish a valid physician-patient relationship **as**
4 **described in section 191.1146.** This relationship shall include:

5 (1) Obtaining a reliable medical history and performing a physical
6 examination of the patient, adequate to establish the diagnosis for which the drug
7 is being prescribed and to identify underlying conditions or contraindications to
8 the treatment recommended or provided;

9 (2) Having sufficient dialogue with the patient regarding treatment
10 options and the risks and benefits of treatment or treatments;

11 (3) If appropriate, following up with the patient to assess the therapeutic
12 outcome;

13 (4) Maintaining a contemporaneous medical record that is readily
14 available to the patient and, subject to the patient's consent, to the patient's other
15 health care professionals; and

16 (5) **[Including] Maintaining** the electronic prescription information as
17 part of the patient's medical record.

18 2. The requirements of subsection 1 of this section may be satisfied by the
19 prescribing physician's designee when treatment is provided in:

20 (1) A hospital as defined in section 197.020;

21 (2) A hospice program as defined in section 197.250;

22 (3) Home health services provided by a home health agency as defined in
23 section 197.400;

24 (4) Accordance with a collaborative practice agreement as defined in
25 section 334.104;

26 (5) Conjunction with a physician assistant licensed pursuant to section

27 334.738;

28 (6) Consultation with another physician who has an ongoing
29 physician-patient relationship with the patient, and who has agreed to supervise
30 the patient's treatment, including use of any prescribed medications; or

31 (7) On-call or cross-coverage situations.

32 **3. No physician, or his or her delegate, on-call physician, or**
33 **advanced practice registered nurse, shall prescribe any drug,**
34 **controlled substance, or other treatment to a patient based solely on an**
35 **evaluation over the telephone, unless a previously established and**
36 **ongoing valid physician-patient relationship exists.**

37 **4. No physician shall prescribe any drug, controlled substance,**
38 **or other treatment to a patient based solely on an internet request or**
39 **an internet questionnaire.**

335.175. 1. No later than January 1, 2014, there is hereby established
2 within the state board of registration for the healing arts and the state board of
3 nursing the "Utilization of Telehealth by Nurses". An advanced practice
4 registered nurse (APRN) providing nursing services under a collaborative practice
5 arrangement under section 334.104 may provide such services outside the
6 geographic proximity requirements of section 334.104 if the collaborating
7 physician and advanced practice registered nurse utilize telehealth in the care of
8 the patient and if the services are provided in a rural area of need. Telehealth
9 providers shall be required to obtain patient consent before telehealth services
10 are initiated and ensure confidentiality of medical information.

11 2. As used in this section, "telehealth" [means the use of medical
12 information exchanged from one site to another via electronic communications to
13 improve the health status of a patient, as defined in section 208.670] **shall have**
14 **the same meaning as in section 191.1145.**

15 3. (1) The boards shall jointly promulgate rules governing the practice of
16 telehealth under this section. Such rules shall address, but not be limited to,
17 appropriate standards for the use of telehealth.

18 (2) Any rule or portion of a rule, as that term is defined in section
19 536.010, that is created under the authority delegated in this section shall
20 become effective only if it complies with and is subject to all of the provisions of
21 chapter 536 and, if applicable, section 536.028. This section and chapter 536 are
22 nonseverable and if any of the powers vested with the general assembly pursuant
23 to chapter 536 to review, to delay the effective date, or to disapprove and annul

24 a rule are subsequently held unconstitutional, then the grant of rulemaking
25 authority and any rule proposed or adopted after August 28, 2013, shall be
26 invalid and void.

27 4. For purposes of this section, "rural area of need" means any rural area
28 of this state which is located in a health professional shortage area as defined in
29 section 354.650.

30 5. Under section 23.253 of the Missouri sunset act:

31 (1) The provisions of the new program authorized under this section shall
32 automatically sunset six years after August 28, 2013, unless reauthorized by an
33 act of the general assembly; and

34 (2) If such program is reauthorized, the program authorized under this
35 section shall automatically sunset twelve years after the effective date of the
36 reauthorization of this section; and

37 (3) This section shall terminate on September first of the calendar year
38 immediately following the calendar year in which the program authorized under
39 this section is sunset.

376.1900. 1. As used in this section, the following terms shall mean:

2 (1) "Electronic visit", or "e-visit", an online electronic medical evaluation
3 and management service completed using a secured web-based or similar
4 electronic-based communications network for a single patient encounter. An
5 electronic visit shall be initiated by a patient or by the guardian of a patient with
6 the health care provider, be completed using a federal Health Insurance
7 Portability and Accountability Act (HIPAA)-compliant online connection, and
8 include a permanent record of the electronic visit;

9 (2) "Health benefit plan" shall have the same meaning ascribed to it in
10 section 376.1350;

11 (3) "Health care provider" shall have the same meaning ascribed to it in
12 section 376.1350;

13 (4) "Health care service", a service for the diagnosis, prevention,
14 treatment, cure or relief of a physical or mental health condition, illness, injury
15 or disease;

16 (5) "Health carrier" shall have the same meaning ascribed to it in section
17 376.1350;

18 (6) "**Originating site**", a site at which a patient is located at the
19 **time health care services are provided to him or her by means of**
20 **telemedicine;**

21 **(7) "Telehealth" [shall have the same meaning ascribed to it as in section**
22 **208.670] or "telemedicine", the delivery of health care services by means**
23 **of information and communication technologies which facilitate the**
24 **assessment, diagnosis, consultation, treatment, education, care**
25 **management, and self-management of a patient's health care while such**
26 **patient is at the originating site and the health care provider is at the**
27 **distant site.**

28 2. Each health carrier or health benefit plan that offers or issues health
29 benefit plans which are delivered, issued for delivery, continued, or renewed in
30 this state on or after January 1, 2014, shall not deny coverage for a health care
31 service on the basis that the health care service is provided through telehealth
32 if the same service would be covered if provided through face-to-face diagnosis,
33 consultation, or treatment.

34 3. A health carrier may not exclude an otherwise covered health care
35 service from coverage solely because the service is provided through telehealth
36 rather than face-to-face consultation or contact between a health care provider
37 and a patient.

38 4. A health carrier shall not be required to reimburse a telehealth
39 provider or a consulting provider for site origination fees or costs for the provision
40 of telehealth services; however, subject to correct coding, a health carrier shall
41 reimburse a health care provider for the diagnosis, consultation, or treatment of
42 an insured or enrollee when the health care service is delivered through
43 telehealth on the same basis that the health carrier covers the service when it is
44 delivered in person.

45 5. A health care service provided through telehealth shall not be subject
46 to any greater deductible, co-payment, or coinsurance amount than would be
47 applicable if the same health care service was provided through face-to-face
48 diagnosis, consultation, or treatment.

49 6. A health carrier shall not impose upon any person receiving benefits
50 under this section any co-payment, coinsurance, or deductible amount, or any
51 policy year, calendar year, lifetime, or other durational benefit limitation or
52 maximum for benefits or services that is not equally imposed upon all terms and
53 services covered under the policy, contract, or health benefit plan.

54 7. Nothing in this section shall preclude a health carrier from undertaking
55 utilization review to determine the appropriateness of telehealth as a means of
56 delivering a health care service, provided that the determinations shall be made

57 in the same manner as those regarding the same service when it is delivered in
58 person.

59 8. A health carrier or health benefit plan may limit coverage for health
60 care services that are provided through telehealth to health care providers that
61 are in a network approved by the plan or the health carrier.

62 9. Nothing in this section shall be construed to require a health care
63 provider to be physically present with a patient where the patient is located
64 unless the health care provider who is providing health care services by means
65 of telehealth determines that the presence of a health care provider is necessary.

66 10. The provisions of this section shall not apply to a supplemental
67 insurance policy, including a life care contract, accident-only policy, specified
68 disease policy, hospital policy providing a fixed daily benefit only, Medicare
69 supplement policy, long-term care policy, short-term major medical policies of six
70 months' or less duration, or any other supplemental policy as determined by the
71 director of the department of insurance, financial institutions and professional
72 registration.

73 **11. A health carrier may reimburse a health care provider for**
74 **telehealth services that utilize asynchronous store-and-forward**
75 **technologies. As used in this section, the term "asynchronous store-and-**
76 **forward technology" shall have the same meaning as in section 208.671.**

Section B. Because immediate action is necessary to ensure the continued
2 provision of health care services to residents of Missouri, the enactment of section
3 191.1145 of this act is deemed necessary for the immediate preservation of the
4 public health, welfare, peace and safety, and is hereby declared to be an
5 emergency act within the meaning of the constitution, and the enactment of
6 section 191.1145 of this act shall be in full force and effect upon its passage and
7 approval.

✓